**FIRST SERVE OKC**

**2019 SUMMER CAMP APPLICATION**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt size: \_\_\_\_\_\_\_ (circle one) Youth / Adult

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to notify if Parent/Guardian is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMP 1: May 28 to June 7 CAMP 2: June 17 to June 28

\_\_\_\_\_1st – 4th Graders (Fall 2019 enrollment) \_\_\_\_\_5th – 12th Graders (Fall 2019 enrollment)

Orientation: May 25th, 9-11 am Orientation: June 15th, 9-11 am

Annual Household Income: \_\_\_\_0 - $14,999 \_\_\_\_ $15,000 - $29,999 \_\_\_\_$30,000 - $44,999 \_\_\_\_ $45,000 - $59,999 \_\_\_\_$60,000-$74,999 \_\_\_\_ > $75,000

Ethnicity: \_\_\_\_ Asian/Pacific Islander \_\_\_\_ Black/African American

\_\_\_\_ Caucasian/Euro American \_\_\_\_ Latino/Hispanic American

\_\_\_\_ Native American \_\_\_\_ Other

**FIRST SERVE OKC 2019-2020**

**MEDICAL TREATMENT AUTHORIZATION FORM**

Minor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to notify if Parent/Guardian is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

Primary Care Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies, including those to medications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions for which the minor is receiving treatment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription Drugs the minor is taking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other pertinent medical information (attach additional pages if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

As custodian of the aforementioned minor, I grant my authorization and consent for the staff of the First Serve OKC and the Oklahoma City Tennis Center, their officers, members, employees, volunteers, agents and representatives, hereinafter collectively referred to as “First Serve OKC,” to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize First Serve OKC to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize First Serve OKC to exercise best judgment upon the advice of medical or emergency personnel. Furthermore, I understand that I am ultimately responsible for any medical expenses that may be incurred on behalf of the minor. This authorization shall remain in effect from May 25, 2019 through May 24, 2020.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

**ASSUMPTION OF RISK, WAIVER OF LIABILITY AND PARENT/GUARDIAN PERMISSION FIRST SERVE OKC, 2019-2020**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*In order to participate in the First Serve OKC 2019-2020 Tennis Program (“First Serve OKC”), each participant must submit completed versions of this Assumption of Risk, Waiver of Liability and Parent/Guardian Permission Form and the accompanying Medical Treatment Authorization Form. Participants who have not completed both forms will not be permitted to participate in Camp activities until they are received.*

**AGREEMENT TO PARTICIPATE**

To ensure that you understand and accept the risks of your child’s participation in First Serve OKC, you must indicate your understanding and agreement by signing on the appropriate lines below.

**PARENT/GUARDIAN AGREEMENT**

I agree to allow my child to participate in First Serve OKC and that his or her participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at First Serve OKC which could potentially cause serious injury or even death. I also understand that, despite safety precautions, neither First Serve OKC nor the Oklahoma City Tennis Center can guarantee that my child will not be injured. My child and I agree to assume these risks. I understand that the best way to make sure my child remains safe is for him or her to follow the rules and instructions of the First Serve OKC staff. To minimize the risk, I have instructed my child to obey all the rules and instructions of the First Serve OKC staff.

In consideration for permitting my child to participate in First Serve OKC, **I voluntarily agree**, for my child, myself, and our heirs, executors and administrators, to the following:

**TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by my child, or any loss or damage to property owned by me or my child as a result of training for, participating in, or traveling to or from First Serve OKC.

**TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person(s) or entity responsible for administering First Serve OKC programs, the Oklahoma City Tennis Center, or its trustees, owners, officers, employees, agents, and staff (hereinafter referred to as “releasees”) from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of statutory duty, or other duty of care, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or to any property belonging to me or my child, while training for, traveling to or from, or participating in First Serve OKC programs, including without limitation any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the releases.

**PHOTO RELEASE**

I give permission for photographs taken of my child while participating in First Serve OKC programs to be used in marketing/public relations material in the promotion of First Serve OKC, or the Oklahoma City Tennis Center.

**ACKNOWLEDGEMENT OF RECEIPT AND AGREEMENT TO ABIDE BY POLICIES AND PROCEDURES OF FIRST SERVE OKC**

As parent or guardian of the aforementioned minor, I hereby acknowledge that I have received a copy of the Policies and Procedures of the First Serve OKC. I have reviewed these policies, agree to abide by them, and further agree to support the reasonable enforcement of these policies by the First Serve OKC staff and volunteers. If I have questions or feedback about the policies, I can contact First Serve OKC Executive Director, Emmy Tigert, at emmy.tigert@mshdg.com, or at 405-640-3317 or Taylor Howard, First Serve OKC Program Director, at taylordothoward@gmail.com.

**By signing below, I acknowledge that I have read this document thoroughly, that I agree with the terms and conditions set forth therein, and am fully aware of the legal consequences for both my child and me of signing below.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date